

COMMONWEALTH of VIRGINIA

OFFICE OF THE REGIONAL DIRECTOR

Department of Corrections Division of Operations Eastern Region

1001 OBICI INDUSTRIAL BLVD. SUITE F SUFFOLK, VA 23434 (757) 925-2212

August 12, 2013

Ms. Melinda Woodruff
Environmental Specialist Senior
Department of Environmental Quality
Tidewater Regional Office
5636 Southern Boulevard
Virginia Beach, Virginia 23462

RECEIVED - DEQ

AUG 1 5 2013

Tidewater Regional Office

Re: VPDES Permit No.VA0060526 Reissuance Application

St. Brides Correctional Center

Dear Ms. Woodruff:

Included are the original and five copies of the VPDES Permit No.VA0060526 Reissuance Application for the Environmental Services Unit / St. Brides Correctional Center WWTP.

If you have any questions or need any additional information, please contact me at 757-925-2212, ext. 5012 or by email at <u>Dallas.Phillips@vadoc.virginia.gov</u>.

Thank you for the assistance you provide in helping me complete this application.

Sincerely,

Dallas L. Phillips

Environmental Services Manager

/dlp

attachments

Form Approved 1/14/99 OMB Number 2040-0086

FORM

2A **NPDES**

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- Additional Application Information for Applicants with a Design Flow > 0.1 mgd. All treatment works that have design B. flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- PLEMENTAL APPLICATION INFORMATION:

 Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

 1. Has a design flow rate greater than or equal to 1 mgd,

 2. Is required to have a pretreatment program (or has one in place), or

 3. Is otherwise required by the permitting authority to provide the information.

 Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Giona)

 Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

VADOC/ESU - St. Brides Correctional Center, VA0060526

VAD	ADOC/ESU - St. Brides Correctional Center, VA0000320													
ВА	SIC APPLICA	TION INFO	PRMATION											
PAR	T A. BASIC APPL	LICATION INF	ORMATION FOR ALL A	PPLICANTS										
All ti	eatment works mus	t complete que	stions A.1 through A.8 of th	nis Basic App	lication Information pacl	ket.								
A.1.	Facility Information	n.												
	Facility name	St. Brides Co	orrectional Center / Enviro	onmental Se	rvices Unit (SBCC / ES	U)								
	Mailing Address		701 Sanderson Road Chesapeake, Virginia 23328-6482											
	Contact person	Dallas L. Phi	llips	&_	Charles Bro	wn								
	Title	Environment	al Services Manager		lant Supervisor									
	Telephone number	(757) 925-22	12		(757)	296-336¥								
	Facility Address (not P.O. Box)	VADOC, ERO Suffolk, Virgin	D, 1001 Obici Industrial Bl nia 234343	vd., Suite F	Sanderson Road e, Virginia 23326-6482									
A.2.	A.2. Applicant Information. If the applicant is different from the above, provide the following:													
	Applicant name	Virginia Depa	artment of Corrections	&	VADOC, Easte	m Regional Office								
	Mailing Address	6900 Atmore Richmond, V	Drive irginia 23225		1001 Obici Ind Suffolk, Virgini	ustrial Blvd., Suite F a 23434								
	Contact person	Timothy G. N	ewton		Dallas L. Philli	ps								
	Title	Environment	al Services Director	Environmental Services Manager										
	Telephone number	(804) 887-80	69	(757) 925-2212, ext. 5012										
	owner Indicate whether cor		ator (or both) of the treatme operator garding this permit should be applicant		e facility or the applicant.									
A.3.	Existing Environme works (include state-	ental Permits. Fi	Provide the permit number of	any existing e	nvironmental permits that	have been issued to the treatment								
	NPDES VA00605	526			PSD									
	UIC				Other									
	RCRA				Other									
A.4.	Collection System I each entity and, if kn etc.).	Information. Pr nown, provide inf	ovide information on municipormation on the type of collec	alities and are ction system (c	as served by the facility. Formbined vs. separate) and	Provide the name and population of d its ownership (municipal, private,								
	Name		Population Served	Type of C	Collection System	Ownership								
	St. Brides Corr. Co	enter	Em. 287/Offen.1191	Separate	2	State Government								
	Indian Creek Corr.	. Center	Em. 294/Offen.1002	Separate	2	State Government								

Total population served 2774

	ITY NAME AND PERMIT NUMBER: C/ESU - St. Brides Correctional Center,	VA0060526		Form Approved 1/14/99 OMB Number 2040-0086					
.5. I	ndian Country.						***************************************		
á	a. Is the treatment works located in Indian C	Country?							
	Yes 🗸 No)							
ł	Does the treatment works discharge to a through) Indian Country?	receiving water that is either	in Indian Country or	that is upsti	ream from (ar	nd eventually	flows		
	Yes No	•							
â	Flow. Indicate the design flow rate of the trea everage daily flow rate and maximum daily flow eriod with the 12th month of "this year" occu	w rate for each of the last th	ree years. Each yea	ar's data mu	st be based o	e). Also pro n a 12-monti	vide the		
á	Design flow rate								
		Two Years Ago	Last Year		This Year				
t	. Annual average daily flow rate	.235		.253		.262	mgd		
c	. Maximum daily flow rate	362		.318		.345	mgd		
7. C	Collection System. Indicate the type(s) of coontribution (by miles) of each.	ollection system(s) used by t	he treatment plant.	Check all tha	at apply. Also	estimate the	e perce		
	✓ Separate sanitary sewer			_		100	%		
	Combined storm and sanitary sewer	r					%		
:. C	Discharges and Other Disposal Methods.			•					
а	. Does the treatment works discharge efflue	ent to waters of the U.S.?			_ Yes		No		
	If yes, list how many of each of the followi	ng types of discharge points	the treatment works	uses:	-				
	i. Discharges of treated effluent					One			
	ii. Discharges of untreated or partially tre	eated effluent			***************************************	None	*************************		
	iii. Combined sewer overflow points				***************************************	None			
	iv. Constructed emergency overflows (pr	ior to the headworks)				None			
	v. Other	·			-	None			
b	. Does the treatment works discharge efflue	ent to hasing nands arother	r curfaca						
-	impoundments that do not have outlets for	r discharge to waters of the	J.S.?	************************	Yes		No		
	If yes, provide the following for each surfa Location:	ce impoundment:							
	Annual average daily volume discharged t			***************************************		mgd			
	ls discharge continuous or	intermittent?	***************************************						
C.	Does the treatment works land-apply treat	ed wastewater?			Yes	1	No		
	If yes, provide the following for each land			***************************************	_				
	Number of acres:		***************************************	***************************************					
	Annual average daily volume applied to sit	te:	Mgd	Ī					
	Is land application continue								
d.	Does the treatment works discharge or tra treatment works?	nsport treated or untreated v	vastewater to anothe	er	Yes	1	No		

VADOC/ESU - St. Brides Correctional Center, VA0060526

Form Approved 1/14/99 OMB Number 2040-0086

works (e.g., tank truck	ean(s) by which the wastewater from the treatment works is discharged or transported to the pipe).	e other treatment
If transport is by a part	ty other than the applicant, provide:	
Transporter name:		
Mailing Address:		
Contact person:		
Title:		
Telephone number:		
Mailing Address:		
Contact person:		
Title:		
Title: Telephone number:		
Telephone number:	NPDES permit number of the treatment works that receives this discharge.	
Telephone number: If known, provide the N	NPDES permit number of the treatment works that receives this discharge. aily flow rate from the treatment works into the receiving facility.	mgd
Telephone number: If known, provide the N Provide the average da Does the treatment wo	-	mgd
Telephone number: If known, provide the N Provide the average da Does the treatment wo A.8.a through A.8.d ab	aily flow rate from the treatment works into the receiving facility.	
Telephone number: If known, provide the N Provide the average da Does the treatment wo A.8.a through A.8.d ab If yes, provide the follow	aily flow rate from the treatment works into the receiving facility. orks discharge or dispose of its wastewater in a manner not included in ove (e.g., underground percolation, well injection)? Yes	
Telephone number: If known, provide the N Provide the average da Does the treatment wo A.8.a through A.8.d ab If yes, provide the follo Description of method	orks discharge or dispose of its wastewater in a manner not included in love (e.g., underground percolation, well injection)? Yes lowing for each disposal method:	

FACILITY NAME AND PERMIT NUMBER:

VADOC/ESU - St. Brides Correctional Center, VA0060526

Form Approved 1/14/99
OMB Number 2040-0086

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

	escription of Outfall.		
a.	Outfall number	001	
b.	Location	Chesapeake	23328
		(City or town, if applicable) N/A	(Zip Code) Virginia
		(County) 36.608017	(State) -76.179484
		(Latitude)	(Longitude)
c.	Distance from shore	(if applicable)	N/A_ ft.
d.	Depth below surface	(if applicable)	N/A ft.
e.	Average daily flow ra	ıte	.250 mgd
f.	Does this outfall have periodic discharge?	e either an intermittent or a	
	periodic discriarge :		Yes No (go to A.9.g.)
	If yes, provide the fol	lowing information:	
	Number of times per	year discharge occurs:	
	Average duration of e	each discharge:	
	Average flow per disc	charge:	mgd
	Months in which disc	harge occurs:	
g.	Is outfall equipped wi	ith a diffuser?	Yes No
0. De	escription of Receivin	g Waters.	
			Indian Crack to Northwest Bires
a.	Name of receiving wa	ater UTRIB OI	Indian Creek to Northwest River
b.	Name of watershed (if known)	Chowan / Dismal Swamp
	United States Soil Co	onservation Service 14-digit wate	rshed code (if known): Unknown
		gement/River Basin (if known):	Albemarie Sound
C.	Name of State Manag		
C.		single Company O digital bounded and a not	late aire surit and a (if the arm).
c.		gical Survey 8-digit hydrologic cat	taloging unit code (if known): Unknown
	United States Geolog	gical Survey 8-digit hydrologic caf	taloging unit code (if known): Unknown
	United States Geolog	ceiving stream (if applicable):	chronic 0 cfs

				*******************************			-1					
FACILITY NAME AND VADOC/ESU - St. Bri				, VA0060	526	3						m Approved 1/14/99 B Number 2040-0086
A.11. Description of T	reatment.									***************************************		
a. What levels o	of treatment	are prov	ided? (Check all th	nat a	apply.						
F	rimary	•		√ s	eco	ndary						
√ A	Advanced				the	r. Describe:						
b. Indicate the f	ollowing ren	noval rate	es (as a	applicable)	:							
Design BOD	removal <u>or</u>	Design (CBOD	removal					97	%		
Design SS re	moval		_					97				
Design P rem	noval						<u><</u>	1-2 mg/l	TP in	Efflu. %		
Design N ren	noval						_(TKN)	92.5	%		
Other			_							%		
c. What type of	disinfection	is used f	or the	effluent fro	m th	nis outfall? If disi	nfection var	ries by sea	ason, p	lease describ	e.	
None, Ultra	Violet (UV) Disinfe	ection	is Used								
If disinfection	is by chlorin	nation, is	dechlo	rination us	ed :	for this outfall?			Y	es		No
d. Does the trea	tment plant	have po	st aera	tion?				√	Y	es		No
of 40 CFR Part 1	36 and other	er appro	priate	QA/QC red	quir	ements for star	ndard meth	ods for a	nalyte	s not addres	ssed	QA/QC requirements I by 40 CFR Part 136. I one-half years apart
PARAME	TEO	11 13 1		AAVINAI INA	D.A				- A \ (F	DAGE DAILY	1/81	
PARAME	IEN				UA	ILY VALUE			AVE	RAGE DAILY	VAI	
				/alue		Units	Va	ilue		Units		Number of Samples
pH (Minimum)			6.7		-	s.u.		THE STATE OF THE S			L	Million March 1997 Street South
pH (Maximum)			7.7		╀	s.u.		100 mg				
Flow Rate			.362		+	gd 	.250		mge		+	996
Temperature (Winter)	·			Degrees Degrees	 	entigrade entigrade	17.9 Deg		-	itigrade itigrade	91	
Temperature (Summer) * For pH please re		num and					123.0 Det	giees	Cei	iligrade	131	
POLLUTANI				M DAILY IARGE		AVERAGI	E DAILY DI	SCHARG	E	ANALYTIC METHOL		ML / MDL
		Co	nc.	Units		Conc.	Units		ber of ples			
CONVENTIONAL AND	NONCONVE	ENTION	AL COI	MPOUNDS	S							
BIOCHEMICAL OXYGEN	BOD-5											
DEMAND (Report one)	CBOD-5	<ql< td=""><td></td><td>mg/l</td><td></td><td><ql< td=""><td>mg/l</td><td>128</td><td colspan="2">128 5210B-</td><td>1</td><td>MDL</td></ql<></td></ql<>		mg/l		<ql< td=""><td>mg/l</td><td>128</td><td colspan="2">128 5210B-</td><td>1</td><td>MDL</td></ql<>	mg/l	128	128 5210B-		1	MDL
FEGAL-COLIFORM- E.	COLI	117.8		N/CML		5.5	N/CML	389		EPA160320		MDL
TOTAL SUSPENDED SOI	9.1		mg/l		1.2	mg/l	128		2540D-197	7	MDL	

END OF PART A. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM **2A YOU MUST COMPLETE**

VADOC/ESU - St. Brides Correctional Center, VA0060526

Form Approved 1/14/99 OMB Number 2040-0086

BASIC APPLICATION INFORMATION

DF	10	CAPPLICATION INFORMATION
PAI	₹T	B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).
Alla	ppl	icants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).
B.1.		of low and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. To little to measure gpd
	В	riefly explain any steps underway or planned to minimize inflow and infiltration.
	7	/ery minimal if any. No problems recognized.
B.2.	Т	opographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. his map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)
	а	The area surrounding the treatment plant, including all unit processes.
	b	The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	C.	Each well where wastewater from the treatment plant is injected underground.
	d	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
	f.	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
B.3.	ba ch	ocess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all ckup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., forination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily we rates between treatment units. Include a brief narrative description of the diagram.
B.4.	Op	peration/Maintenance Performed by Contractor(s).
		e any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a ntractor?YesNo
	-	es, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional ges if necessary).
	Na	me:
	Ma	iling Address:
	Те	lephone Number:
	Re	sponsibilities of Contractor:
B.5.	un tre	heduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or completed plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the atment works has several different implementation schedules or is planning several improvements, submit separate responses to question 6 for each. (If none, go to question B.6.)
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule. N/A
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
		YesNo

FACILITY NAME AND PERMIT NUMBER: VADOC/ESU - St. Brides Correctional Center, VA0060526

Form Approved 1/14/99 OMB Number 2040-0086

c If the answer to B	i.5.b is "Yes," br	iefly describe, incl	uding new maxin	num daily inflow	rate (if applica	ıble).	
applicable. For in	nprovements pla		ntly of local, State			ementation steps liste e planned or actual co	
		Schedule	А	ctual Completion	า		
Implementation S	tage	MM / DD /	YYYY M	IM / DD / YYYY			
 Begin construct 	ion	//		_//			
- End constructio	n			//			
 Begin discharge 	•	//					
- Attain operation	al level	//		_//			
	-	nces concerning ot		•	een obtained?	?Yes	No
Applicants that dischatesting required by the overflows in this section methods. In addition, standard methods for pollutant scans and moutfall Number:	e permitting autron. All informati this data must of analytes not adjust be no more	nority for each outfion reported must comply with QA/Qdressed by 40 CF than four and one	fall through which be based on date C requirements of R Part 136. At a -half years old.	h effluent is disch a collected throu of 40 CFR Part 1 a minimum, efflue	narged. Do no gh analysis co 36 and other a ent testing data	ot include information of onducted using 40 CFF appropriate QA/QC rec	on combined sewer R Part 136 Buirements for
POLLUTANT	DISC	MAXIMUM DAILY DISCHARGE		GE DAILY DISCH	1ARGE		
	Conc.	Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML/MDL
CONVENTIONAL AND NON	CONVENTION	AL COMPOUNDS	3 .	<u> </u>		**************************************	A
AMMONIA (as N)	Waiver						
CHLORINE (TOTAL RESIDUAL, TRC)	Waiver	****				*	
DISSOLVED OXYGEN	10.9	mg/l	7.0	mg/l	390	SM450 OG	MDL
TOTAL KJELDAHL	2.00	mg/l	1.06	mg/l	30	4500NH3D-1997	MDL
NITROGEN (TKN) NITRATE PLUS NITRITE NITROGEN	Waiver						
OIL and GREASE	<5.0	mg/l	<5.0	mg/l	2	1664A	MDL
PHOSPHORUS (Total)	Waiver						
TOTAL DISSOLVED SOLIDS (TDS)	Waiver						
OTHER	N/A			<u> </u>			
REFER TO THE A	PPLICATI	ON OVERV				OTHER PART	S OF FORM

FACILITY NAME AND PERMIT NUMBER:		Form Approved 1/14/99 OMB Number 2040-0086
VADOC/ESU - St. Brides Correctional Center, \	/A0060526	ONE NUMBER 25 TO 5050
BASIC APPLICATION INFORMAT	ION	
PART C. CERTIFICATION		
applicants must complete all applicable sections of Fo	orm 2A, as explained in the Appetertification statement, applicant	mine who is an officer for the purposes of this certification. All plication Overview. Indicate below which parts of Form 2A you ts confirm that they have reviewed Form 2A and have completed
Indicate which parts of Form 2A you have comple	ted and are submitting:	
Basic Application Information packet	Supplemental Application In	formation packet:
	Part D (Expanded I	Effluent Testing Data)
	Part E (Toxicity Tes	sting: Biomonitoring Data)
	Part F (Industrial U	ser Discharges and RCRA/CERCLA Wastes)
	Part G (Combined	Sewer Systems)
ALL APPLICANTS MUST COMPLETE THE FOLLO	WING CERTIFICATION.	
designed to assure that qualified personnel properly of who manage the system or those persons directly res	gather and evaluate the informations grant to the part of the information and the information are information.	under my direction or supervision in accordance with a system ation submitted. Based on my inquiry of the person or persons mation, the information is, to the best of my knowledge and for submitting false information, including the possibility of fine
Name and official title Timothy G. Newton, E.	nvironmental Services Direc	ctor
Signature June 1	AND	
Telephone number (804) 887-8071		
Date signed 8/6//	3	
Upon request of the permitting authority, you must su works or identify appropriate permitting requirements.		essary to assess wastewater treatment practices at the treatment

SEND COMPLETED FORMS TO:

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:

VADOC/ESU - St. Brides Correctional Center, VA0060526

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

POLLUTANT	1		JM DAIL HARGE	Y	A)	/ERAGE	DAILY	DISCHA	ARGE		
	Conc.	Units		Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MD
METALS (TOTAL RECOVERABLE),	CYANIDE,	PHENO	LS, AND	HARDNE	SS.						
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM									-		
CHROMIUM											
COPPER					*****						
.EAD											
MERCURY											
NICKEL					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE										***************************************	
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO ₃)				-							
Use this space (or a separate sheet) t	o provide ir	formatio	n on other	metals re	quested b	y the per	mit writer	·			

VADOC/ESU - St. Brides Correctional Center, VA0060526

(Complete once for each outfall discharging effluent to waters of the United States.) N/A Outfall number: POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE DISCHARGE **ANALYTICAL** ML/ MDL Conc. Units | Mass Units Conc. Units Mass Units Number of **METHOD** Samples **VOLATILE ORGANIC COMPOUNDS.** ACROLEIN ACRYLONITRILE BENZENE BROMOFORM CARBON TETRACHLORIDE CLOROBENZENE CHLORODIBROMO-METHANE CHLOROETHANE 2-CHLORO-ETHYLVINYL ETHER CHLOROFORM DICHLOROBROMO-METHANE 1,1-DICHLOROETHANE 1,2-DICHLOROETHANE TRANS-1,2-DICHLORO-ETHYLENE 1,1-DICHLOROETHYLENE 1,2-DICHLOROPROPANE 1,3-DICHLORO-PROPYLENE **ETHYLBENZENE** METHYL BROMIDE METHYL CHLORIDE METHYLENE CHLORIDE 1,1,2,2-TETRACHLORO-ETHANE TETRACHLORO-ETHYLENE TOLUENE

Form Approved 1/14/99 OMB Number 2040-0086

VADOC/ESU - St. Brides Correctional Center, VA0060526

Outfall number: N/A	_ (Compl	ete onc	e for eac	ch outfall	discharg	ing efflu	ent to w	aters of	the United	States.)	
POLLUTANT	N		JM DAIL' HARGE	Ý	A۱	/ERAGE	DAILY	DISCH	ARGE		
property of the second	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number	ANALYTICAL	ML/ MDL
									of Samples	METHOD	
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to	provide in	formatio	n on other	volatile o	rganic cor	npounds	requeste	by the p	permit writer.		•
ACID-EXTRACTABLE COMPOUNDS	I	L	L	L	L	L		<u> </u>		<u> </u>	<u> </u>
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL		,									
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to	provide in	formatio	n on other	acid-extr	actable co	mpounds	requeste	d by the	permit writer.		
BASE-NEUTRAL COMPOUNDS.	L							L			L
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE		***************************************									
BENZIDINE											
BENZO(A)ANTHRACENE										33 (1)	
BENZO(A)PYRENE											

VADOC/ESU - St. Brides Correctional Center, VA0060526

Outfall number: N/A (Complete once for each outfall discharging effluent to waters of the United States.) MAXIMUM DAILY AVERAGE DAILY DISCHARGE POLLUTANT DISCHARGE ANALYTICAL Units Mass Units Number ML/ MDL Conc. Units | Mass Units Conc. of METHOD Samples 3,4 BENZO-FLUORANTHENE BENZO(GHI)PERYLENE BENZO(K)FLUORANTHENE BIS (2-CHLOROETHOXY) METHANE BIS (2-CHLOROETHYL)-ETHER BIS (2-CHLOROISO-PROPYL) ETHER BIS (2-ETHYLHEXYL) PHTHALATE 4-BROMOPHENYL PHENYL ETHER BUTYL BENZYL PHTHALATE 2-CHLORONAPHTHALENE 4-CHLORPHENYL PHENYL ETHER CHRYSENE DI-N-BUTYL PHTHALATE DI-N-OCTYL PHTHALATE DIBENZO(A,H) ANTHRACENE 1,2-DICHLOROBENZENE 1,3-DICHLOROBENZENE 1,4-DICHLOROBENZENE 3,3-DICHLOROBENZIDINE DIETHYL PHTHALATE DIMETHYL PHTHALATE 2,4-DINITROTOLUENE 2,6-DINITROTOLUENE 1,2-DIPHENYLHYDRAZINE

Form Approved 1/14/99 OMB Number 2040-0086

VADOC/ESU - St. Brides Correctional Center, VA0060526

Outfall number: N/A	(Comp	lete ond	e for ea	ch outfall	discharg	ging effl	uent to w	aters of	the United S	States.)	
POLLUTANT	1		JM DAIL HARGE	Y	A\	/ERAG	E DAILY	DISCH	ARGE		<u> </u>
	Conc.	Units		Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO- PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE									· · · · · · · · · · · · · · · · · · ·		
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) t	o provide ir	formatio	n on othe	r base-nei	utral comp	ounds re	quested t	by the pe	rmit writer.		1
Use this space (or a separate sheet) t	o provide ir	formatio	n on othe	r pollutant	s (e.g., pe	sticides)	requested	by the p	ermit writer.		
				tasticano y more em-							
DEFED TO THE ARE	יו ור איז	TOM:	OVE		OF			IE 187	пісп Оз	TUED DADTO	S OF FORM

2A YOU MUST COMPLETE

Page 14 of 21

VADOC/ESU - St. Brides Correctional Center, VA0060526

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
 In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity
 test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results
 of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.
 If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

complete.												
E.1. Required Tests.												
Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.												
chronicacute	chronicacute											
E.2. Individual Test Data. Complete the	e following chart for each whole efflu	ent toxicity test conducted in the last for	our and one-half years. Allow one									
column per test (where each species		if more than three tests are being repo										
	Test number: N/A	Test number:	Test number:									
a. Test information.		,	-									
Test species & test method number												
Age at initiation of test												
Outfall number												
Dates sample collected												
Date test started												
Duration												
b. Give toxicity test methods followed	ed.											
Manual title												
Edition number and year of publication												
Page number(s)												
c. Give the sample collection metho	od(s) used. For multiple grab sample	es, indicate the number of grab sample	es used.									
24-Hour composite												
Grab												
d. Indicate where the sample was to	aken in relation to disinfection. (Chec	ck all that apply for each)										
Before disinfection												
After disinfection												
After dechlorination												

VADOC/ESU - St. Brides Correctional Center, VA0060526

Form Approved 1/14/99 OMB Number 2040-0086

	Test number: N/A	Test number:	Test number:		
e. Describe the point in the treatme	nt process at which the sample was	collected.			
Sample was collected:					
f. For each test, include whether the	e test was intended to assess chronic	c toxicity, acute toxicity, or both.			
Chronic toxicity					
Acute toxicity					
g. Provide the type of test performe	d.				
Static					
Static-renewal					
Flow-through					
h. Source of dilution water. If labor	atory water, specify type; if receiving	water, specify source.			
Laboratory water					
Receiving water					
i. Type of dilution water. It salt water	er, specify "natural" or type of artificia	al sea salts or brine used.			
Fresh water					
Salt water					
j. Give the percentage effluent used	for all concentrations in the test ser	ies.			
k. Parameters measured during the	e test. (State whether parameter mee	ets test method specifications)			
рН					
Salinity					
Temperature					
Ammonia					
Dissolved oxygen					
I. Test Results.					
Acute:	Acute:				
Percent survival in 100% effluent	%	%	%		
LC ₅₀					
95% C.I.	%	%	%		
Control percent survival	%	%	%		
Other (describe)					

FACILITY NAME AND PERMIT NUMBER: VADOC/ESU - St. Brides Correctional Center, VA0060526			Form Approved 1/14/99 OMB Number 2040-0086		
Chronic:					
NOEC	N/A %	%	%		
IC ₂₅	%	%	%		
Control percent survival	%	%	%		
Other (describe)					
m. Quality Control/Quality Assurar	nce.				
Is reference toxicant data available?					
Was reference toxicant test within acceptable bounds?					
What date was reference toxicant test run (MM/DD/YYYY)?					
Other (describe)					
E.3. Toxicity Reduction Evaluation. Is YesNo	the treatment works involved in a To	xicity Reduction Evaluation?	***************************************		
E.4. Summary of Submitted Biomonite cause of toxicity, within the past for summary of the results.	oring Test Information. If you have ar and one-half years, provide the date	submitted biomonitoring test informates the information was submitted to	tion, or information regarding the the permitting authority and a		
Date submitted: (MM/DD/YYYY)					
Summary of results: (see instructions)					
END OF PART E. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM					
	2A YOU MUST O	JUNIPLETE.			

VADOC/ESU - St. Brides Correctional Center, VA0060526

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

		ment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must e Part F.
GEI	<u>IEI</u>	RAL INFORMATION:
F.1.	Pre	streatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?
		YesNo
F.2.		imber of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types industrial users that discharge to the treatment works.
	a.	Number of non-categorical SIUs. N/A
	b.	Number of CIUs.
SIG	NIF	CICANT INDUSTRIAL USER INFORMATION:
		he following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 ride the information requested for each SIU.
F.3.	~	inificant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional ges as necessary.
	•	me:
	Ma	iling Address:
F.4.	ine	dustrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
F.5.		incipal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's charge.
	Pri	ncipal product(s):
	Ra	w material(s):
F.6.	Fie	ow Rate.
	a.	Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
		gpd (continuous orintermittent)
	b.	Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
		gpd (continuous orintermittent)
F.7.	Pre	treatment Standards. Indicate whether the SIU is subject to the following:
	a.	Local limitsYesNo
	b.	Categorical pretreatment standardsYesNo
	If s	ubject to categorical pretreatment standards, which category and subcategory?

	LITY NAME AND PERMIT NUMBER: C/ESU - St. Brides Correctional Center, VA0060526	Form Approved 1/14 OMB Number 2040	
	Problems at the Treatment Works Attributed to Waste Discharged upsets, interference) at the treatment works in the past three years?		ns (e.g.,
	YesNo If yes, describe each episode. N/A		
RCRA	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR D	DEDICATED PIPELINE:	
	RCRA Waste. Does the treatment works receive or has it in the past to pipe?YesNo (go to F.12.)	t three years received RCRA hazardous waste by truck, rail, or de	edicated
F.10.	Waste Transport. Method by which RCRA waste is received (check	:k all that apply):	
	TruckRailDedicated Pipe		
	Waste Description. Give EPA hazardous waste number and amount EPA Hazardous Waste Number Amount	unt (volume or mass, specify units). <u>Units</u>	
-	· · · · · · · · · · · · · · · · · · ·	- .	
•			
CERC	CLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/ ON WASTEWATER, AND OTHER REMEDIAL ACTIVITY WA	N/CORRECTIVE VASTEWATER:	
F.13.	Remediation Waste. Does the treatment works currently (or has it beYes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for waste Origin. Describe the site and type of facility at which the CER in the next five years).	No or each current and future site.	o origina
	Pollutants. List the hazardous constituents that are received (or are a known. (Attach additional sheets if necessary).	e expected to be received). Include data on volume and concentra	ation, if
F.15.	Waste Treatment.		
ć	 a. Is this waste treated (or will it be treated) prior to entering the treat YesNo 	atment works?	
	If yes, describe the treatment (provide information about the removement)	oval efficiency):	
ł	b. Is the discharge (or will the discharge be) continuous or intermitter ContinuousIntermittent If intermitten	ent? ittent, describe discharge schedule.	
REF	END OF FER TO THE APPLICATION OVERVIEW TO	PART F.	FOF

2A YOU MUST COMPLETE

VADOC/ESU - St. Brides Correctional Center, VA0060526

Form Approved 1/14/99 OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

- G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)
 - a. All CSO discharge points.
 - b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
 - c. Waters that support threatened and endangered species potentially affected by CSOs.
- G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:
 - a. Locations of major sewer trunk lines, both combined and separate sanitary.
 - b. Locations of points where separate sanitary sewers feed into the combined sewer system.
 - c. Locations of in-line and off-line storage structures.

Complete questions G.3 through G.6 once for each CSO discharge point.

- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

G.3. De:	scription of Outfall.					*
a.	Outfall number	N/A				
b.	Location	(City or town, if applicable)		(Zip Code)	-	
		(County)		(State)	-	
		(Latitude)		(Longitude)	-	
c.	Distance from shore (if a	pplicable)	ft.			
d.	Depth below surface (if a	applicable)	ft.			
e.	Which of the following we	ere monitored during the last year for this C	SO?			
	Rainfall	CSO pollutant concentrationsReceiving water quality	CSO frequenc	;y		
f.	How many storm events	were monitored during the last year?	**************************************			
G.4. CS	O Events.					

a. Give the number of CSO events in the last year.

b. Give the average duration per CSO event. hours (_

events (____ actual or ____ approx.)

actual or _

approx.)

Form Approved 1/14/99 OMB Number 2040-0086 **FACILITY NAME AND PERMIT NUMBER:** VADOC/ESU - St. Brides Correctional Center, VA0060526 c. Give the average volume per CSO event. N/A million gallons (_____ actual or ____ approx.) d. Give the minimum rainfall that caused a CSO event in the last year. inches of rainfall G.5. Description of Receiving Waters. a. Name of receiving water: b. Name of watershed/river/stream system:___ United States Soil Conservation Service 14-digit watershed code (if known): c. Name of State Management/River Basin: United States Geological Survey 8-digit hydrologic cataloging unit code (if known): G.6. CSO Operations. Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard). END OF PART G. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE.

VPDES Sewage Sludge Permit Application for Permit Reissuance **Instructions** WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application. Part 1 is general information to be provided by all facilities. Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied. Part 3 must be completed by all facilities that land apply Class B biosolids. Part 1 – Sludge Disposal Management (To be completed by all facilities) Facility Name: St. Brides Correctional Center VPDES Permit No: VA0060526 Shipment Off Site for Treatment or Blending Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☐ Yes 🛛 No If you send sewage sludge to more than one facility, attach additional sheets as necessary. Shipment off site is: \(\times \) The primary method of sludge disposal A back up method of sludge disposal a. Receiving Facility Name Southampton/Deerfield Correctional Center b. Receiving Facility VPDES Permit No. VA0062499 c. Include an acceptance letter from the Receiving Facility. d. Receiving Facility's ultimate disposal method for sewage sludge Land Applying to VADOC Farm Land Disposal in a Municipal Solid Waste Landfill Is sewage sludge from your facility placed in a municipal solid waste landfill? ☐ Yes ⊠ No If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary. Landfilling is: The primary method of sludge disposal ☐ A back up method of sludge disposal a. Landfill Name b. Landfill Permit No. c. Include an acceptance letter from the landfill. Incineration Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ⊠ No Incineration is: The primary method of sludge disposal A back up method of sludge disposal a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? ☐ Yes ☐ No If yes, provide the Air Registration No. If no, complete items b - d for each incinerator that you do not own or operate. b. Facility Name c. Air Registration No. d. Include an acceptance letter from the Incinerator. Class A Biosolids Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ☐ Yes ⊠ No Are Class A biosolids from your facility land applied in bulk? Yes Yes ☐ No ☐ Yes ☐ No Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? Class B Biosolids Do you produce Class B biosolids? If yes, complete Part 2. ✓ Yes \ \ \ No Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, Yes □ No complete Part 3. Land Application Under a Separate Permit Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☐ Yes ☐ No Biosolids are land applied under the authorization of a VPA permit Another VPDES Permit Out of State Complete items a - c for each VPA permit authorized to land apply biosolids from your facility. a. Permittee Name b. Permit No. c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

		VPDES	Sewage Sludge P	Permit Applicati	ion for Permit Re	issuance		
P	art 2 – Bioso	lids Characteriz	ation (To be completed	by all facilities that	generate biosolids that	are land appl	ied.)	
1.	Have there b	en changes to slud	ge treatment processes or st	orage facilities since the	previous permit issuance	/reissuance?	☐ Yes	⊠ No
2.			r this permit that will be lan A 8 or Class B pathogen re			rements	⊠ Yes	□No
	Identify the p that demonstr	athogen reduction of ate compliance with	option utilized to demonstra h the applicable alternative.	te compliance with the 7 Representative Sa	pathogen reductions requiremples < 2,000,000 MP	rements and prov N Per Gram of	ride the dat Total So	ta li ds
3.			r this permit that will be lan OB 1 through B 10?	d applied meet one of th	ne vector attraction reduction	on	⊠ Yes	□No
	Identify the v	ector attraction red	uction option utilized to der	nonstrate compliance w	ith the vector attraction rec	ductions requirer	nents and	
			e compliance with the applic			corporation Int	o Soil 6 F	Irs.
			ed meet the ceiling/pollutan				Yes	☐ No
٥.	(mg/kg), Tota (mg/kg), Arso (mg/kg), Zino	d Kjeldahl Nitroger mic (mg/kg), Cadm	samples for pH (S.U.), Perc n (mg/kg), Total Phosphorus nium (mg/kg), Copper (mg/k mitted to DEQ? The sample	s (mg/kg), Total Potassi kg), Lead (mg/kg), Merc	um (mg/kg), Alkalinity as cury (mg/kg), Nickel (mg/k	CaCO ₃	⊠ Yes	□ No
	If no, provide	the data with this a	application.			Sent of	Ale Fi	JAMA.
Pa	irt 3 – Land	Application of C	lass B Biosolids (To be	completed by all fac	ilities that land apply			A
1.			lity in which biosolids are t n accordance with 9VAC25		en evidence of financial res	sponsibility. Evi	dence of f	inancial
2.	For each site, Biosolids For	provide a properly m (VPDES Sewage	completed landowner agree Sludge Permit Application	ement for each landowned Form – Attachment to	er, using the most current l Section C).	Land Application	n Agreeme	nt -
3.	Are any new	and application field	lds proposed at this reissuar	nce?			☐ Yes	⊠ No
	If yes, contac	the DEQ Regional	Office for additional subm	ittal requirements.				
4.	For the curren	tly permitted land a	application fields, are the pr	eviously submitted site	booklets, maps and acreag	e accurate.	⊠ Yes	☐ No
	If no, contact	the DEQ Regional	Office for additional submi	ttal requirements.				
5.	Does the facil	ity's Biosolids Mar	nagement Plan on file with l	DEQ include the following	ing minimum information?	?	⊠ Yes	□ No
	a. An od	or control plan that	addresses the abatement of	odors resulting from the	e storage and/or land appli-	cation of biosoli	ds.	
	b. A dese	cription of the trans	port vehicles to be used.					
	c. Proced reclan	lures for biosolids on ation, and emergen	offloading at the land applic acy notification and cleanup	ation site including spill measures.	l prevention, cleanup (inch	uding vehicle cle	aning), fie	ld
	d. A deso approj	ription of the land a priate loading rates.	application equipment inclu	iding procedures for cali	ibrating equipment to ensu	re uniform distri	bution and	l
	e. Proced operat	ures used to ensure on limitations duri	that land application activing periods of inclement wea	ties address notification ather, soil pH requirement	requirements, signage req nts, buffer zone requireme	uirements, slope nts, and site rest	restriction	ıs,
	f. Any o (9VA)	her information nec 225-31-420 through	cessary to ensure compliance 1720).	ce with the requirements	of the Biosolids Program	of the VPDES P	ermit Reg	ulation
Ce	rtification							
des wh bel	signed to assur o manage the sief, true, accur	e that qualified pers system or those pers	s document and all attachm sonnel properly gather and e sons directly responsible for I am aware that there are sit tions.	valuate the information gathering the informati	submitted. Based on my i	inquiry of the per he best of my kn	rson or per owledge a	sons nd
	Name a	nd Official Title	Timothy G. Newton			***************************************		
	Signatu	re	Zeneth)	Zolla	7			
	Telepho	ne number / Email	(804) 887-8068	/Timoth	y.Newton@vadoc.virgi	nia.gov		
	Date sig	ned	8/6/13					
(Ba	sed on a review	of this information it	may be necessary to submit ad-	distance in Comment on the con-				

Rev 7/18/2012



COMMONWEALTH of VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY TIDEWATER REGIONAL OFFICE

Doug Domenech Secretary of Natural Resources 5636 Southern Boulevard, Virginia Beach, Virginia 23462 (757) 518-2000 Fax (757) 518-2009 www.deq.virginia.gov

David K. Paylor Director

AUG 1 0 2011

Mr. Dallas L. Phillips
Environmental Services Manager
Virginia Department of Corrections
Eastern Region
1001 Obici Industrial Blvd.
Suite F
Suffolk, VA 23434

Re: Sludge Management Plan Amendment Approval Southampton Correctional Center, VA0062499 Capron, VA

Dear Mr. Phillips:

An amendment to the referenced Sludge Management Plan (SMP) that was submitted, July 18, 2011, to the Department of Environmental Quality has been approved. The changes to the SMP will now become an enforceable part of the permit.

Thank you for your cooperation in submitting the additional sludge testing results from the Haynesville Correctional Center (HCC). If you have any questions or need additional information, please contact Melinda Woodruff at (757) 518-2174 or Melinda.Woodruff@deq.virginia.gov.

1100

Mark H. Säuer

Water Permit Manager

cc: DEQ - TRO ECM file



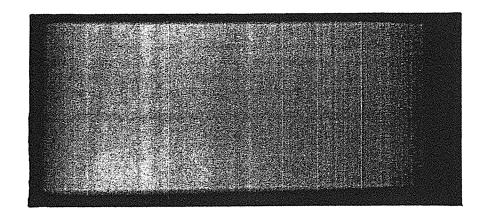
VIRGINIA DEPARTMENT OF CORRECTIONS SOUTHAMPTON CORRECTIONAL CENTER SLUDGE MANAGEMENT PLAN

MARCH 26, 1996

P.N. 94020.01B

PREPARED BY:

RESOURCE INTERNATIONAL, LTD. 9560 KINGS CHARTER DRIVE P.O. BOX 6160 ASHLAND, VA 23005 804/550-9200



ranger in the control of the control	
COMMONWEALTH OF V	IRGINIA
State Health Departm	ent
Division of Wastewater Eng	gineering
מטטו פיני מתה	And the second second
Date APR BO DOD	Approved
Operation and Maintenance Manual	☐ Conditionally
Sludge Management Plan	Approved
Operational Plan	☐ Disapproved
Closure Plan	
Reports	Mrs. A D.
Other:	11 Harry
	or Ingineering
Director, Division of Wastewat	at Eliginounis

され、一般の一般の一般の一般の一般の一般の一般を表現の一般を表現している。

TABLE OF CONTENTS

1.		nation Required in §4.1 of the Virginia Biosolids Use Regulations 55-17-200)	1
	A.	General Information	
		1. Legal Name & Address	
		2. Owner Contact	
		3. Summary of the Plan	
		4. Landowner Permission	
		5. Compliance with Local Ordinances	
	B.	Design Information	
		1. Biosolids Characterization	3
		2. Facility Construction Information	4
		3. Plans for Temporary Onsite Storage	4
		4. Application Area Topo Map	
		5. County Maps	5
		6. Soil Survey Map	5
		7. Soil Sample Analytical Results	
		8. Additional Site Information for Frequent Application Sites	
		9. Agricultural Practices	
		10. Storage & Use Area Calculations	7
2.	Regu A.	tional Plan Information Required in §4.2 of the Virginia Biosolids Use ations	9
	B. C.	Source and Flow Control	
	C.	Biosolids Transport	
		2. Hauling Routes	
		3. Biosolids Off-Loading	
		4. Voucher System	
	D.	Field Operations	
	D.	1. Storage	
	<u> </u>	2. Application Methodology	
		2. Application Mothodology	
3.		dkeeping Information Required in §4.3 of the Virginia Biosolids Use	_
	Regu		
	A.	Monitoring and Testing Requirements	
		1. Sludge Sampling Instructions	
I .		2. Record Keeping	
		3. Biosolids Monitoring/Reporting	
	-	4. Soil Monitoring/Reporting	
	В.	Reporting Requirements	1

APPENDICES

APPENDIX A - BIOSOLIDS AND SOIL SAMPLE ANALYTICAL DATA

APPENDIX B - FIGURES

FIGURE 1 - VICINITY MAP

FIGURE 2 - AGRICULTURAL FIELD LAYOUT

FIGURE 3 - BIOSOLIDS APPLICATION PLAN - 1

FIGURE 4 - BIOSOLIDS APPLICATION PLAN - 2

FIGURE 5 - WASTEWATER TREATMENT PLANT

FIGURE 6 - LOCATION MAP

FIGURE 7 - BIOSOLID TRANSPORT ROUTE

FIGURE 8 - BIOSOLID TRANSPORT ROUTE

FIGURE 9 - SOIL CLASSIFICATIONS

FIGURE 10 - BIOSOLID FLOW DIAGRAM

APPENDIX C - MANURE NUTRIENT MANAGEMENT PLAN

(BY DEPARTMENT OF CONSERVATION AND RECREATION)

APPENDIX D - BIOSOLIDS NUTRIENT MANAGEMENT PLAN

APPENDIX E - VEHICLE SPECIFICATIONS

APPENDIX F - MISCELLANEOUS FORMS

APPENDIX G - TREATMENT VERIFICATION

APPENDIX H - PREVIOUS SLUDGE MANAGEMENT PLANS

APPENDIX I - VPDES PERMITS

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 1, Question 1 – c:

Include an acceptance letter from the Receiving Facility. The Receiving Facility (Southampton/Deerfield Correctional Center) is another DOC institution. No acceptance letter is necessary. A page from the Sludge Management Plan is included that list the St. Brides Correctional Center WWTP as part of the plan for land application of biosolids.



COMMONWEALTH of VIRGINIA

OFFICE OF THE REGIONAL DIRECTOR

Department of Corrections Division of Operations Eastern Region

1001 OBICI INDUSTRIAL BLVD. SUITE F SUFFOLK, VA 23434 (757) 925-2212

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 3, Number 1. Financial Responsibility

Financial responsibility for transporting and land applying biosolids at Southampton/Deerfield Correctional Center (CC) is provided by the Virginia Department of Corrections. Since this is state government and funding is provided and approved by the Virginia General Assembly, financial responsibility is covered in DOC's budget. Biosolids are only applied on DOC property located at Southampton/Deerfield CC which includes St. Brides CC as part of the Sludge Management Plan.

Dallas L. Phillips Dallas L. Phillips

Environmental Services Manager

An Equal Opportunity Employer

VIRGINIA DEPARTMENT OF CORRECTIONS SOUTHAMPTON CORRECTIONAL CENTER SLUDGE MANAGEMENT PLAN REQUIREMENTS

Information required in §4.1 of the Virginia Biosolids Use Regulations 1. (VR355-17-200)

General Information A.

1. Legal Name & Address

The Virginia Department of Corrections Southampton Correctional Center Capron, Southampton County, Virginia 23829

Headquarters:

6900 Atmore Drive Richmond, Virginia 23225

2. Owner Contact

Dallas L. Phillips **Environmental Services Manager** Department of Corrections Commonwealth of Virginia Eastern Regional Office 1001 Obici Industrial Blvd., Suite F Suffolk, VA 23434 (757) 925-2212 ext. 5012

3. Summary of the Plan

The overall goal of the plan is to beneficially utilize the biosolids produced at three Department of Corrections (DOC) wastewater treatment facilities; Haynesville, St. Brides, and Southampton. The biosolids are to be spread onto farmlands (the farm) owned and operated by the DOC located at the Southampton Correctional Center. Refer to Figure 2 in Appendix B for a list of fields to be used for biosolids incorporation. Since the producers of the biosolids are under the same State agency at the utilizing facility, no agreements are necessary between producers and users.

Based on calculations regarding the potential amounts of biosolids available from the three institutions, the farm should be capable of utilizing all of the biosolids if they are applied to the cropfields at the "infrequent" rates, and applied to the hav and pasture.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2, Question 5:

Biosolids analysis data is included from the individual site at SBCC and the storage pit at SHCC/DFCC where land applying takes place. This biosolids analysis data is from a combination of biosolids from all three DOC sites. This data was sent to Clyde Gantt prior to land applying.



Certificate of Analysis

Jennings Laboratories Certification Numbers VELAP:460199-Meeting NELAC Standards Virginia Drinking Water Certification ID: 00180

SOUTHAMPTON CORRECTIONAL COMPLEX

DATE 11/09/12

ATTN: STEVE BOLTON 14545 OLD BELFIELD RD. Report #: R1112-65

CAPRON, VA 23829

SAMPLE DESCRIPTION

ANALYSIS NUMBER

Biosolids

12-2811

Sample received: 10/10/12 @ 0933

PAGE 1 of 2

Sample collected: 10/10/12 @ 0730

MH

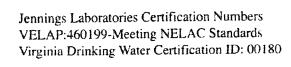
Sample marked: Biosolids

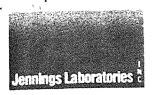
<u>ANALYSIS</u>	DRY WEIGHT BASIS RESULTS	DATE & TIME OF ANALYSIS	<u>ANALYST</u>
Total Solids	78 %	11/05/12 @ 1200	НН
рН @ 25°C	6.27	11/01/12 @ 1430	НН
Total Kjeldahl Nitroge	en 17,169 ppm	11/02/12 @ 1330	НН
Ammonia as Nitrogen	201 ppm	11/01/12 @ 1100	НН
Nitrate Nitrogen	718 ppm	10/26/12 @ 0840	LS
Total Phosphorus	4,200 ppm	11/01/12 @ 1305	LS
Alkalinity as CaCO ₃	2,003 ppm	11/01/12 @ 1345	НН

These test results were from a representative sample of biosolits from the storage pit at SHCC. The sample Collected was amixture of biosolids from SHCC, HCC,

These analytical results are based upon samples that were received by Jennings Laboratories. Inc. and are for your exclusive use only. This report may not be reproduced, except in full, without written approval from Jennings Laboratories. In

Chemist _______W. H. Jennings. Jr. President





Certificate of Analysis

SOUTHAMPTON CORRECTIONAL COMPLEX TO

11/08/12 DATE

ATTN: STEVE BOLTON

14545 OLD BELFIELD RD. CAPRON, VA 23829 Report #: R1112-65

SAMPLE DESCRIPTION

ANALYSIS NUMBER

Biosolids

12-2811

Sample received: 10/10/12 @ 0933 Sample collected: 10/10/12 @ 0730

PAGE 2 of 2 МН

Sample marked: Biosolids

<u>ANALYSIS</u>	DRY WEIGH BASIS <u>RESULTS</u>	DATE & TIME OF ANALYSIS	ANALYST
Total Arsenic	16.8 mg/kg	11/01/12 @ 1130	PT
Total Cadmium	<4.95 mg/kg	10/26/12 @ 1315	PT
Total Chromium	<4.95 mg/kg	10/31/12 @ 1130	PT
Total Copper	137 mg/kg	10/31/12 @ 1100	PT
Total Lead	4.03 mg/kg	10/23/12 @ 1500	PT
Total Mercury	0.241 mg/kg	11/02/12 @ 1200	PT
Total Molybdenum	<49.5 mg/kg	10/30/12 @ 1445	PT
Total Nickel	<19.8 mg/kg	10/26/12 @ 1345	PT
Total Selenium	8.36 mg/kg	11/01/12 @ 1400	PT
Total Zinc	97.7 mg/kg	10/24/12 @ 1230	PT
Total Potassium	814 mg/kg	10/26/12 @ 1215	PT

These analytical results are based upon samples that were received by Jennings Laboratories, Inc. and are for your exclusive use only. This report may not be reproduced, except in full, without written approval from Jennings Laboratories, Inc.

President



Certificate of Analysis

Jennings Laboratories Certification Numbers VELAP:460199-Meeting NELAC Standards Virginia Drinking Water Certification ID: 00180

TO ST BRIDES CORRECTIONAL CENTER

ATTN: CHARLES BROWN

P O BOX 16482

CHESAPEAKE VA 23328-6482

DATE 11/09/12

Report #: R1112-66

SAMPLE DESCRIPTION

Biosolids

Sample received: 10/11/12 @ 1002

Sample collected: 10/09/12 @ 1500 Sample marked: Biosolids ANALYSIS NUMBER

12-2833

page 1 of 2

MH

ANALYSIS	DRY WEIGHT BASIS RESULTS	DATE & TIME OF ANALYSIS	ANALYST
Total Solids	92 %	11/05/12 @ 1130	НН
pH @ 25°C	7.52	11/01/12 @ 1400	нн
Total Kjeldahl Nitroge	n 11,937 ppm	11/02/12 @ 1330	нн
Ammonia as Nitrogen	52.1ppm	11/01/12 @ 1100	НН
Nitrate Nitrogen	73 ppm	10/26/12 @ 0840	LS
Total Phosphorus	1,500 ppm	11/01/12 @ 1305	LS
Alkalinity as CaCO ₃	4,7 60 ppm	11/01/12 @ 1415	HH

These analytical results are based upon samples that were received by Jennings Laboratories, Inc. and are for your exclusive use only. This report may not be reproduced, except in full, without written approval from Jennings Laboratories, Inc.

hemist Jacobse k

President



Certificate of Analysis

o ST BRIDES CORRECTIONAL CENTER

ATTN: CHARLES BROWN

P O BOX 16482

CHESAPEAKE VA 23328-6482

DATE 11/09/12

Jennings Laboratories Certification Numbers VELAP:460199-Meeting NELAC Standards Virginia Drinking Water Certification ID: 00180

Report #: R1112-66

SAMPLE DESCRIPTION

Biosolids

Sample received: 10/11/12 @ 1002 Sample collected: 10/09/12 @ 1500

Sample marked: Biosolids

ANALYSIS NUMBER

12-2833 page 2 of 2

MH

ANALYSIS	DRY WEIGH BASIS RESULTS	DATE & TIME	A BIT A W TERROR
EN TENDED	<u> NESOLES</u>	OF ANALYSIS	ANALYST
Total Arsenic	4.41 mg/kg	11/01/12 @ 1130	PT
Total Cadmium	<4.80 mg/kg	10/26/12 @ 1315	PT
Total Chromium	<4.80 mg/kg	10/31/12 @ 1130	PT
Total Copper	318 mg/kg	10/31/12 @ 1100	PT
Total Lead	4.10 mg/kg	10/23/12 @ 1500	PT
Total Mercury	0.204 mg/kg	11/02/12 @ 1200	PT
Total Molybdenum	<48 mg/kg	10/30/12 @ 1445	PT
Total Nickel	<19.2 mg/kg	10/26/12 @ 1345	PT
Total Selenium	1.99 mg/kg	11/01/12 @ 1400	PT
Total Zinc	117 mg/kg	10/24/12 @ 1230	PT
Total Potassium	425 mg/kg	10/26/12 @ 1215	PT

These analytical results are based upon samples that were received by Jennings Laboratories, Inc. and are for your exclusive use only. This report may not be reproduced, except in full, without written approval from Jennings Laboratories, Inc.

Chemist /// W. H. Jennings, Jr.

President